

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10761977

FILING DATE

01-21-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		①				
3		②				
4		③				
5		④				
6		⑤				
7		⑥				
8		⑦				
9		⑧				
10		⑨				
11		⑩				
12		⑪				
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19	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	11					
TOTAL CLAIMS	13					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						